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LETTER TO THE EDITOR

Response to Sher regarding Tseng et al's "Standardized mortality ratio of inpatient suicide in a general hospital"

To the Editor

We highly agree with the viewpoints raised by Dr. Sher responding to our recently published article that adequate training for medical staff in general hospitals in suicide assessment and treatment is important.¹ Dr. Sher mentioned that patients who commit suicide in general hospitals have a different profile from patients in psychiatric hospitals or those who commit suicide in the community. Studies comparing the characteristics of inpatient suicides at medicosurgical or psychiatric units consensually are rare.² In an earlier published article, we made a comparison of the characteristics between the psychiatric and nonpsychiatric suicidal inpatients.³ In addition to having less known history of psychiatric illness, less suicide communication, rapid suicide attempts after admission and more suicide episodes during leave without giving notice may be the reasons responsible for the prevalent underestimation of suicide risk in nonpsychiatric units of general hospitals.³ Some other papers have reported old age and certain physical conditions (pain, pulmonary disease, terminal illness) as risk factors for suicide in independent studies of general hospital suicide. Suicidal nonpsychiatric inpatients were more likely to use violent methods as compared to suicidal psychiatric inpatients.³ Of note, although male gender is one of the correlates significantly increased the risk of death in inpatient suicide, the pattern of violent methods used (jumping from the high places and hanging) are not different from those used by women in the general population.⁴ We provided more distinct features of suicide in nonpsychiatric units of general hospitals to raise more attentions for medical staff on suicide prevention.

References

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